S/N

: 10/661,048

Applicant

: Qun Ying Lin

Reply to the Office action dated May 31, 2005

Page 1 4-3

Attorney Docket: CS02-096

To: Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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From: William J. Stoffel Reg no. 39,390 Customer no. 30,402 1735 Market St - Ste A455 Philadelphia, PA 19103-7502 USA

Work 215-670-2455 Fax 267-200-0730

Subject:

Serial No.

10/661,048

Applicant

Qun Ying Lin

Attorney Docket: CS02-096

Reply to the Office action dated May 31, 2005

File date: Sept. 13, 2003 Inventor: Lin et al.

Title: Half Tone Alternating Phase Shift Masks

Group Art Unit: 1756

Examiner:

5

Rosasco, Stephen D

computer file: cs02-096-assoc w-customer number-2005-08-18.doc

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Reply to the Office action dated May 31, 2005

Page 2

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Dear Sirs/Madams:

10

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Respectfully submitted,

Date: 8/18/05

William J. Stoffel Reg. No. 39,390

215-670-2455

Customer number 30402

Stoffel Law Office

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SN 661,048

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PTC/SB/122 (04-05)
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Application Number

## 09/13/03 CORRESPONDENCE ADDRESS Filing Date Application Qun Ying Lin First Named Inventor 2872 Art Unit Address to: Commissioner for Patents Rosasco, Stephen D Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 CS02-096 **Attorney Docket Number** Please change the Correspondence Address for the above-identified patent application to: The address associated with 1 Customer Number: 30402 Firm or Individual Name Address State Zip City Country Telephone Fmail This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 39,390 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature w lle Typed or Printed William J Staffel Name Telephone<sub>215-670-2455</sub> Date 8/18/2005 NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one eignature is required, see below Total of forms are submitted.

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